

HOMELESS ADULTS IN BOSTON IN 1990:

A TWO-SHELTER PROFILE

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EXECUTIVE SUMMARY

- ****Shelter users were most likely to be young black men, but there were many who were older, white and female.
- ****Woods-Mullen guests were more likely to be black and female than were those at the Long Island Shelter.
- ****About equal proportions had not finished high school, graduated from high school, and had some education beyond high school. Literacy was a problem for about one in five.
- ****Women tended to have more social supports than men.
- ****Lower levels of education were associated with a higher likelihood of having been incarcerated.
- ****Lower levels of education were associated with more satisfaction with the shelter.
- ****Reading problems were associated with less likelihood of looking for work.
- ****Veterans were much more likely to have been assaulted or robbed in the past year.
- ****Members of minority groups were much less likely than whites to be participating in a contract bed program.
- ****Members of minority groups were more interested in AIDS education.
- ****Younger age was associated with higher levels of drug use, more legal problems, more interest in AIDS education, fewer health problems, less health insurance and fewer reports of victimization.
- ****Almost half of the respondents had had a contract bed; participation in the contract bed program was higher at Woods-Mullen than at Long Island.
- ****Guests were satisfied with the shelter; one-quarter found it preferable to their last regular housing.
- ****Shelter staff, the shelter's conditions and the shelter's health services were rated most highly; dissatisfaction was common with the shelter's location, with the other guests and with help about getting a job; the lack of privacy was the most common complaint.
- ****Long Island guests were more satisfied about the level of privacy; Woods-Mullen guests were more satisfied

with their shelter's physical condition and its convenience to stores and shopping.

****The Department of Public Welfare and the Social Security Administration were the most often used service agencies. Woods-Mullen guests had somewhat higher rates of contact with service agencies. Services were received as needed from most agencies.

****About one in five guests stayed at times with friends, family and in other shelters.

****The median length of time homeless was about one year; more than one-third had been homeless two years or more.

****Guests were most likely to have last lived in Dorchester, Roxbury or the South End.

****The overwhelming majority of respondents wanted to move out of the shelter and get their own apartment.

****About two-thirds of the guests received at least a fair amount of personal support from family or friends--the family was the greatest source of support. Shelter staff were also a key source of personal support for many. Few were married.

****Almost half reported a current physical health problem; over one-third had no health insurance.

****Those who had health problems were less likely to be working or looking for work, but were more likely to have financial benefits.

****About one in five had been hospitalized for a psychiatric problem.

****Symptoms of depression, thoughts of suicide and worry about getting AIDS were all higher among those who had been hospitalized for psychiatric problems; those previously hospitalized were also more likely to be receiving financial benefits.

****Traumatic events were common--being assaulted or robbed, having had at least one life-threatening experience, or being abused as a child.

****Childhood abuse was the single strongest correlate of other characteristics. Those who reported physical assault as a child reported, at the time of the interview, more false beliefs and perceptions, more psychiatric hospitalization, more substance abuse and more physical health problems, more legal problems and

greater experience of victimization within the preceding year.

- ****Drinking was a problem for one-third to half of the respondents. Drinking was somewhat more common for those using the Long Island Shelter than Woods-Mullen.
- ****Drinkers were more depressed and suicidal, less able to afford things and less likely to be receiving financial benefits. They were more likely to have been in the custody of youth services as an adolescent.
- ****About half had used some street drugs in the previous year; half of these had been treated at some time for a drug problem.
- ****Drug use was associated with more legal problems, more difficulty affording things and more legal problems.
- ****Half worried a lot about getting AIDS and half knew someone with AIDS. About two-thirds wanted to learn more about AIDS. One-third had been tested for HIV infection and another third wanted to be tested.
- ****Basic facts about HIV transmission were widely understood, but many were worried unnecessarily about transmission through blood transfusions, insects, toilet seats, kissing and food preparation.
- ****About one third mistakenly believed that AIDS can be cured, that drug users cannot avoid AIDS and that infected people cannot still feel healthy.
- ****About half had noticed AIDS prevention activity at the shelter. About one-third were not comfortable with the idea of participating in AIDS prevention activities, such as picking up a condom. About one in five believed that AIDS education had affected their own behavior.
- ****One quarter had current legal problems; two-thirds had been in jail or prison at some time.
- ****Almost all the respondents had worked in the past but three-quarters were not working at the time of the survey. Two in five of the unemployed were looking for work.
- ****Two in five were receiving some type of financial benefits.
- ****Respondents rated the importance of receiving help in thirteen service areas. Finding a place was rated most important by a large margin, but help with financial

benefits and AIDS education were also viewed as critical service needs. Help in most other service areas was viewed as important; help with legal problems and alcohol problems were viewed as important by the smallest portion of guests.

****A higher proportion of guests at Woods-Mullen were employed, had contact with service agencies and had social supports available than was true at Long Island; substance abuse also was more common at Woods-Mullen.

Since Boston's Long Island Shelter first opened its doors in 1982, it has expanded both its bed capacity and its service approach. Begun with 100 beds at one location, it now provides almost 700 beds in two locations; initially meeting only the emergency needs of guests for food, shelter and medical care, it now offers a physical health clinic, a psychiatric nurse, substance abuse counseling and job and training programs. The shelter also has opened a home that provides transitional living for eight former guests.

Service delivery for most of Long Island's guests begins with an intake interview administered by a case manager. The intake interview identifies general service needs and particular concerns for each guest--a profile that can then inform subsequent decision-making by nurses, counselors and other shelter staff. For years, statistical analysis of these intake interview data has helped to describe the diverse population of shelter guests and identify their unmet needs.

By 1990, the shelter's growth had begun severely to tax the capacity of the existing system for collecting, processing and analyzing intake interview data. At the same time, shelter management began to detect changes in the service needs of shelter guests that suggested a need for a more systematic assessment. As a result, the shelter decided to sponsor a comprehensive survey of its guests at both locations: the Long Island Shelter itself and the newer Woods-Mullen Shelter that is administered by Long Island. This report presents the basic survey findings and draws some comparisons with the earlier studies.

METHODOLOGY

Guests at the Long Island and Woods-Mullen shelters were asked to participate in the interview study between July and November, 1990. Guests were identified for interviews using a stratified random sampling technique. Nightly bed lists provided the sampling frame for the study. On selected days and nights each week, guests whose bed numbers matched a randomly generated list of numbers were approached by a staff member or a research assistant and asked if they would consider participating in an interview. Each prospective respondent was offered a pair of socks or a pack of cigarettes in exchange for participating, and each signed a detailed consent form before the interview began. The acceptance rate was 80 percent.

Shelter staff helped to recruit guests for the interviews, which were conducted by specially trained research assistants from the university's graduate programs in clinical psychology and applied sociology; interviews

were conducted in special rooms at both locations and required from 45 to 90 minutes.

Many guests at both shelter locations participated in a "contract bed program." Both special programs within the shelter and arrangements to facilitate activities outside of the shelter are operated as contract bed programs: a shelter-based stabilization program for alcoholics, a work experience program within the shelter, enrollment in courses at a local college or training institute, or simply regular employment outside of the shelter. Some contract beds also are allotted to individuals with physical or mental health problems who need special care. Contract bed participants are able to keep their bed assignment each night and to leave some belongings at the shelter during the day; participants in in-shelter programs are also able to remain in the shelter during the day.

Contract bed participants and other guests were sampled separately, in part to take advantage of the availability of many program participants for daytime interviews at the shelter, and to ensure proportional representation of both types of shelter users. The final sample was then weighted to represent exactly the proportions of guests at the two shelters and in each program at both shelters.

The interviews consisted of approximately 150 questions concerning respondents' residential history, satisfaction with the shelter, physical and mental health, substance abuse, employment and benefits, social supports and social background. Questions were drawn from two sources: the shelter's intake interview schedule and, in some areas, standard scales. The following scales were included in the interview schedule: the CES-D (a measure of depression); the PERI Scale of False Beliefs and Perceptions (psychotic thinking); the ISEL (a measure of social support); the xx program satisfaction scale; and selected questions from the ASI (the Addiction Severity Index). An extensive series of AIDS awareness questions was also included in the interview schedule. The Life Lines AIDS Prevention Project for the Homeless collaborated in developing these questions.

In addition to describing the distributions of most variables, this report identifies differences between guests staying at Long Island and Woods-Mullen. The relationship between numerous sets of variables also was investigated, and selected relationships are included in the report. All reported differences were statistically significant at the .05 level or better; in other words, there is less than one chance in twenty that any association between two variables that is mentioned in the report was due to chance, rather than to an actual association in the total population of shelter guests.

BACKGROUND

More than half of the shelter users were younger than 40; one-quarter were in their twenties. Nine percent of the shelter users were at least 60 years old. The median age was 35.

AGE

	Percent
20s	26%*
30s	33
40s	16
50s	17
60s	9
	101%
	(152)

*One respondent was 19 years old; she is included in the "20s" category in this table.

Four in five shelter users were men. More than half were black, while one-quarter were white and about one in ten were Hispanic.

SEX

	Percent
Male	79%
Female	21
	100%
	(155)

RACE

	Percent
White	26%
Black	57
Hispanic	11
Asian, Pacific	1
Am. Indian, Alaskan	1
Other	4
	100%
	(154)

Prior schooling varied widely among the shelter users. About one-third had gone no further than grade school, another third had completed high school, and one third had had some college (although very few had completed college). About one in five reported some difficulty reading.

LAST GRADE OF SCHOOL COMPLETED

	Percent
No school, less than 8	5%
Grade school	28
High school	34
GED	8
Some college	16
Vocational school	3
College	1
Graduate work	5
	100%
	(154)

HOW WELL CAN YOU READ?

	Percent
Read well	81%
OK	15
Not at all	4
	100%
	(155)

READING DIFFICULTIES

Any trouble reading....

	Yes
Road signs	15%
Newspaper	21

Each of the demographic characteristics reported was associated with some health problems and other characteristics. Men reported less social support than women--two-thirds of the women had at least a moderate level of social support available, compared to just under half of the men. Those who had not graduated from high school were more likely to have been incarcerated--three-quarters compared to just over half. The two education groups also differed in satisfaction with the shelter: two-thirds of those who had not completed high school were satisfied with the shelter, compared to just under half of the high school graduates. Self-reported problems with reading had one significant correlate: those who reported problems with reading were less likely to be looking for work (50%) than those who did not report problems with reading (28%). Veterans were much more likely than other men to report having been assaulted or robbed in the past year--two-thirds compared to about one-third.

Variable	Race	
	Min.	White
Contract Bed	39%	72%
Interested--AIDS ed.	53%	30%

Variable	Age	
	<=30	31+
Use Drugs	46%	17%
Health problem	30%	52%
Health insrnce	44%	63%
Victimized	24%	50%
Legal problem	39%	18%
AIDS interest	63%	40%
Good health	75%	55%

THE SHELTER EXPERIENCE

Most respondents used the shelter intensively: more than half reported staying at the shelter "most of the time" since their first night at the shelter and two-thirds had stayed there every night during the previous week.

FREQUENCY OF SHELTER USE

Since first stay, you've stayed at this shelter...

	Percent
Most of the time	52%
Some of the time	38
Only rarely	10
	100%
	(154)

NUMBER OF NIGHTS STAYED HERE LAST WEEK

	Percent
0-1	10%
2-3	6
4-5	13
6-7	72
	101%
	(154)

Almost half of the respondents had participated in a contract bed program, in which they received a regular bed and some other privileges in exchange for participating in a program. The specific program in which respondents had participated was not identified in many cases, but the most often mentioned programs were employment in or outside the shelter (13 percent) and health care (8 percent). About four percent had participated in an in-shelter program for alcoholics.

Program Enrolled in or Finished

Program	Frequency	Percent
Work Exp	7	4.7
Lit Prog	1	.5
Formal Sch	1	.5
Stablz/Holding (Alc)	5	3.8
Work outside	6	4.0
Emp Serv	6	4.1
Heal C	12	7.6
Other Prog	23	14.5
Program not known	28	18.1
Not in Program	65	42.1
	-----	-----
Total	155	100.0

More guests at the Woods-Mullen Shelter were participating in a contract bed program than at the Long Island Shelter--about two-thirds compared to one-third.

A series of questions were asked to identify respondents' level of satisfaction with the shelter. The responses indicated general satisfaction, with complaints about some particular shelter features.

Four in five shelter users were satisfied overall with the shelter in which they were interviewed; almost one-quarter were very satisfied and just under one in ten were very dissatisfied. When compared to other shelters, two-thirds thought their shelter was better and only one in ten found it to be worse. Nonetheless, when compared to their last regular housing, almost two-thirds said the shelter was worse--what is perhaps most striking is that more than one-quarter of the shelter users found the shelter to be at least somewhat better than their last regular housing.

OVERALL SATISFACTION WITH SHELTER

	Percent
Very satisfied	23%
Satisfied	50
Dissatisfied	19
Very dissatisfied	9
	101%
	(149)

COMPARISON OF SHELTER TO OTHER SHELTERS/LAST REG. HOUSING

	Other Shelters	Last R. Housing
Much Better	34%	13%
Somewhat Better	31	16
About the Same	24	11
Somewhat Worse	6	25
Much Worse	5	36
	100%	101%
	(122)	(143)

Satisfaction varied with specific shelter features. Services at the shelter were rated as excellent by one in five and as at least good by more almost three in five. About one-third thought the shelter's services were just fair, but only six percent rated services as poor.

Satisfaction was highest with shelter staff, with the shelter's physical conditions and safety and with health services at the shelter. At least seventy percent were satisfied in these areas. Just over half the shelter users were satisfied with the shelter's convenience to stores and shopping, with the help the shelter provided with getting a job, and with the other residents of the shelter. Satisfaction was lowest with respect to the amount of privacy at the shelter--just over four in ten were satisfied in this area and one-quarter were very dissatisfied.

RATING THE QUALITY OF SERVICES AT SHELTER

	Percent
Excellent	22%
Good	37
Fair	35
Poor	6
	100%
	(154)

LEVEL OF SATISFACTION WITH SHELTER CHARACTERISTICS

	V. Sat.	Sat.	Dis-Sat.	V. D.Sat.	Tot.
Condition/state of repair	17%	63	14	6	100%
Amount of room/space	11%	65	18	6	100%
Furnishings	11%	56	25	9	101%
Staff	19%	61	12	8	100%
Amount of privacy	6%	37	32	25	100%
Security/safety	18%	53	18	12	101%
Other residents	8%	49	25	18	100%
Convenient for shopping	16%	43	25	17	101%
Health services	20%	49	21	10	100%
Help with getting a job	8%	49	27	16	100%

N=89-149

Levels of satisfaction differed between Long Island and Woods-Mullen with respect to several satisfaction dimensions: Long Island guests were more satisfied with the level of privacy at the shelter; Woods-Mullen guests were more satisfied with the shelter's condition and location.

SERVICES

Shelter users relied on a wide array of service agencies for meeting their needs. Four in ten had had contact with the Department of Public Welfare. Both Social Security and other shelters had been contacted by about one-quarter of the respondents in the preceding year. Between 10 and 15 percent of the respondents had had contact in the last year with the Boston Housing Authority, the St. Francis House day program and the Department of Social Services. Other agencies and organizations had been used less often.

Most respondents who had used another service agency or organization in the preceding year reported that they received the services they needed. Over 90 percent had received the services they needed from other shelters and the St. Francis House, while between 80 and 90 percent had received the services they needed from DPW. Among the agencies contacted by at least 10 percent of the respondents, satisfaction was lowest for two: the Boston Housing Authority and the Department of Social Services. Nonetheless, about two-thirds reported that they had received the services they needed from these agencies.

Long Island Shelter guests reported somewhat less contact with service agencies than did Woods-Mullen guests.

CONTACT WITH SERVICE AGENCIES IN PAST YEAR

	Contact	Rcvd. Serv. Needed
Dept. Pub. Welfare	41%	85%(62)
Social Sec. Admin.	25%	82%(38)
Other homeless shelters	23%	93%(36)
Boston Housing Authority	14%	68%(21)
St. Francis	13%	95%(18)
Dept. Soc. Services	11%	63%(16)
Vocational rehab	7%	66%(11)
Mass. Rehab. Comm.	7%	71%(10)
BCH Soc. Serv.	7%	85%(10)
Veteran's Admin.	6%	56%(9)
Dept. of Mental Health	5%	90%(8)
Other	5%	75%(8)
Salvation Army	3%	100%(4)
Bridge	3%	100%(7)
Agency for Elderly Af.	1%	100%(1)
Dept. of Immig.	1%	100%(1)
Traveler's Aid	1%	100%(2)
Comm. for Blind	0%	

RESIDENTIAL EXPERIENCE AND PREFERENCES

About one in five shelter guests had stayed with friends and another one in five with family members since they had used the shelter. A comparable proportion had stayed in other shelters or halfway houses during this same period; just one in ten had stayed on the streets since first using the shelter.

OTHER PLACES STAYED SINCE FIRST STAY

	Percent
Friends	18%
Family	20
Own Place	11
Streets	11
Oth Shel or Hlfway Hse	23
Institution	3
Other	5
Have only Stayed Here	9
	100%
	(154)

One-quarter of the respondents had been homeless for no more than four months; the median length of time homeless and the median length of time since first staying at the shelter was one year. More than one-third had been homeless for at least two years. Dorchester, Roxbury and the South End were the neighborhoods where most shelter users had most recently had a regular place. Just seventeen percent came from outside the Boston metropolitan area; two-thirds had most recently lived in the city of Boston itself.

LENGTH OF TIME HOMELESS

	Percent
Under a Month	7%
1-4 Months	20
5-11 Months	17
1 Year-19 Months	18
2-3 Years	21
4 Years or More	16
	99%
	(139)

LAST REGULAR PLACE

	Percent
South End	10%
Back Bay	4
South Boston	1
East Boston	3
Boston Proper	5
Roxbury	16
Dorchester	21
Jamaica Plain	2
Cambridge	1
Chelsea	1
Brookline	3
Beacon Hill	2
Roslindale	1
Mattapan	3
Malden	1
Revere	1
South Sub. Bost.	5
North Sub. Bost.	4
West Sub. Bost.	1
Western Mass.	3
Other N.E. States	1
Outside N.E.	12
Outside the U.S.	1
	102%*
	(143)

*Error due to rounding

In spite of their overall satisfaction with the shelter, the respondents were eager to move on. Almost two-thirds said they wanted to move out "right now," and all but five percent wanted to move out within at least one year. The overwhelming favorite residential preference was for an independent apartment, rather than a group living arrangement. Almost nine in ten respondents "definitely" wanted to get their own apartment rather than live with other folks from the shelter.

Two-thirds felt "distressed" about not having a place to stay, although fifteen percent said they felt "OK" about not having a place to stay.

PREFERRED LENGTH OF STAY AT SHELTER

	Percent
Rest of my life	5%
Several more years	0
6 months-a year	15
Several wks.-a month	19
Like to move out now	61
	100%
	(149)

If given the choice, would you rather share a house w
other folks from the shelter, or get your own apartment?..

	Percent
Definitely share house	2%
Probably share house	2
Don't really care, not sure	4
Probably get own apartment	7
Definitely get own apartment	86
	101%
	(154)

FEELINGS ABOUT NOT HAVING A REG. PLACE

	Percent
Distressed	65%
So-So	20
O.K.	15
	100%
	(155)

SOCIAL SUPPORT

Although few respondents were married, most had some family connections. The majority of respondents had never been married and about one in five were divorced; only one in ten were married or living together. Nonetheless, almost two-thirds had relatives in the Boston area and two-thirds reported that they received a great deal or a fair amount of support from family members. Two in five reported children in the Boston area and a similar proportion had children elsewhere. Most of these children were in the care of a relative and about one in ten were in foster care.

Friends were an important source of social support for the shelter users. Most of the respondents, four in every five, had good friends in the Boston area and 62 percent received a great deal or a fair amount of personal support from friends.

Shelter staff also provided social support to many shelter users. Almost half of the respondents reported a supportive relationship with someone on the shelter's staff and two-thirds received a great deal or a fair amount of personal support from shelter staff. Overall, more than two-thirds reported having a special person they could count on in times of need.

MARITAL STATUS

	Percent
Married	7%
Living Together	3
Separated	6
Divorced	23
Widowed	4
Single	58
	100%
	(154)

FAMILY AND FRIENDS IN THE AREA/ELSEWHERE

	Boston Area	Elsewhere
Have Children	42%	38
Any Relatives	64%	73
Have Good Friends	79%	57

N=105-145

CARE OF CHILDREN

	Percent
Foster	12%
Relative	52
Adopted	2
On Own	9
Else	25
	100%
	(49)

SPECIAL SOURCES OF SUPPORT

	Yes	Not Sure	No	Tot.
One Spec. Person	71%	5	23	99%
Someone on Shel Staff	47%	23	30	100%

N=155

GAUGING PERSONAL SUPPORT

Amount of Personal Support Received From.....

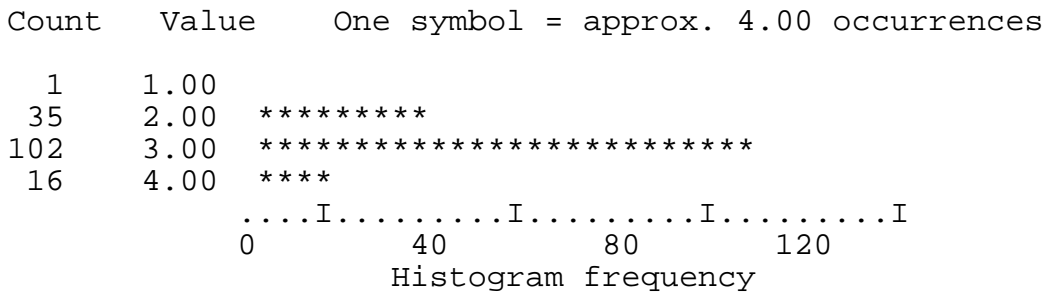
	Great Deal	Fair Amount	Not Too Much	None	Tot.
Shelter Staff	23%	45	15	18	101%
Friends	28%	34	18	20	100%
Family	40%	17	16	27	100%

N=145-148

Social support was also measured with responses to a series of statements that comprise the widely used "ISEL" index of social support. Respondents could answer "definitely true," "probably true," "probably false," or "definitely false" in response to such statements as: "When I feel lonely, there are several people I can talk to."

The median response to the ISEL statements was 2.9, indicating that the respondents were most likely to feel that it was "probably true" that they had social supports. The ISEL distribution was somewhat clumped toward the low support end of the scale, but only one respondent received the lowest possible average score.

ISEL Social Support



Overall, guests staying at Woods-Mullen reported somewhat higher levels of available support than did those staying at Long Island.

PHYSICAL HEALTH ASSESSMENT

Physical health problems were common, although by no means universal. Almost half reported at least one current physical health problem and one-third had a medical prescription; more than half had seen a doctor in the preceding year and more than one-third had been hospitalized; almost one-third were at least somewhat dissatisfied with their physical ability to get things done; almost one-fifth rated their own physical health as worse than most. Of course, this suggests that a majority of shelter users had no physical health problems and were satisfied with their physical health. In any case, about one-third reported they had no health insurance.

PHYSICAL HEALTH COMPARED TO OTHERS

	Percent
Better than most	43%
About the same	42
Worse than most	16
	101%
	(152)

SATISFACTION WITH PHYSICAL ABILITY

	Percent
Completely satisfied	29%
Very satisfied	21
Somewhat satisfied	20
Somewhat dissatisfied	15
Very dissatisfied	9
Completely Dissatisfied	6
	100%
	(155)

HAVE ANY PHYSICAL HEALTH PROBLEMS NOW? 45%
 SHOULD BE TAKING PRESCRIBED MEDS? 36%
 HAVE ANY HEALTH INSURANCE? 36%
 N = 154-155

HOSPITALIZED OR SEEN BY DOCTOR FOR PHYS.
 HEALTH PROBLEM IN PAST YEAR

	Percent
Hospital only	17%
Hospital and doctor	22
Doctor only	14
No	48
	101%
	(155)

The specific health problems ranged from heart and circulation problems (approximately five percent mentioned them) to bone problems and injuries (seven percent) and eye/ear/nose/throat problems (four percent).

HEALPROB Types of health problems

	Freq	Percent		Freq	Percent
PSYCHIATRIC	2	1.2	PANCREAS KIDNEY BLAD	1	.5
HEAD INJURIES	2	1.5	SEIZURE DISORDER	2	1.5
DIABETES ALLERGIES B	2	1.4	CHEMICAL DEPENDENCY	1	.4
OTHER INJURIES	2	1.2	EYE EAR THROAT	3	2.2
CIRCULATION	8	5.0	EYE EAR THROAT RECEN	3	1.7
HEART CIRCULATION	0	.3	AIDS	1	.5
HEART STOMACH	2	1.4	MUSCLE	3	1.7
HEART MUSCLE	1	.5	BACK	2	1.0
HEART RECENT OPERATI	1	.5	DIABETES	1	.5
STOMACH	1	.7	RECENT SURGERY	2	1.0
KIDNEY OR BLADDER	1	.5	OBESITY	1	.7
BONE	7	4.4	OBESITY PICKWICK SYN	1	.5
GAUT ARTHRITIS	1	.5	THYROID	2	1.5
ASTHMA	1	.5	DENTAL	3	2.0
ASTHMA EPILEPSY	3	1.7	STROKE	1	.5
ASTHMA BACK EYE EAR	1	.5	SLEEP DISORDER	1	.5
HIGH BLOOD PRESSURE	1	.5	NO HEALTH PROBLEM	86	55.2
HEALTH PROBLEM NOT ID'D	5	5.0	TOTAL	155	100.0

Prescribed medications were for the same range of problems, with seven percent also mentioning medication for psychiatric problems.

What is medication for?

Value Label	Frequency	Percent
SEIZURES	3	1.9
SEIZURES THYROID	1	.5
HEART	1	.5
NERVOUS CONDITION	4	2.3
NERVOUS CONDITION HE	2	1.4
DEPRESSION	5	3.0
SCHIZOPHRENIA	1	.5
BACK	7	4.5
HEART	1	.8
PREGNANCY	2	1.0
BLOOD PRESSURE	7	4.7
BLOOD PRESSURE KIDNE	1	.5
BLOOD PRESSURE GLUCO	1	.5
HYPERTENSION LIVER D	1	.5
MOLE	3	1.7
ASTHMA	2	1.2
KIDNEY TUMOR	2	1.4
BACK	1	.5
DIABETES	1	.5
PNEUMONIA	1	.5
SLEEP CONDITION	1	.5
LIMBS	2	1.6
NO MEDICATION	98	63.0
MEDICATION NOT ID'D	10	6.2
	-----	-----
Total	155	100.0

Poorer physical health was associated with several other variables. Those who reported physical health problems were more likely to be receiving financial benefits, but less likely to be employed and less likely to be looking for work. Those who were ill also knew less about AIDS.

Health Problem

Variable	Yes	No
Financial benefits	58%	23%
Looking for work	30%	58%
Employed	13%	39%
Know AIDS facts	39%	56%

MENTAL HEALTH ASSESSMENT

About one in five respondents had been hospitalized for a mental or nervous problem and one in ten were patients at a community mental health center; about one quarter had been either in a psychiatric hospital or a CMHC. The median number of times hospitalized for those who had been hospitalized was 2.0.

TREATMENT FOR MENTAL OR NERVOUS PROBLEM

	Yes
Been Hospitalized for Mental or Nervous Problem?	21% (153)
Assigned to Community Mental Health Ctr in Boston?	9% (151)

NUMBER OF TIMES HOSPITALIZED FOR MENTAL OR NERVOUS PROBLEM

	Percent
1	21%
2	31
3	19
5	10
6	8
20	12
	101%
	(25)

Respondents were asked numerous questions about their feelings. Three questions came from the lengthy "Mental Health Index"; they indicate the proportion of guests who felt unhappy and who had had suicidal thoughts.

Between 20 and 30 percent of the respondents had felt unhappy or depressed in the previous month, and 14 percent had thought of taking their own life at some time in the previous month. Between one-quarter and one-third had been generally happy in the previous month.

How happy/satisfied over past month

	Percent
EXTREMELY HAPPY	11.5
VERY HAPPY/MOST TIME	12.3
GENRLLY SATISFIED	21.9
TIMES HAPPY/UNHAPPY	30.2
GENRLLY UNHAPPY	13.2
VERY DISSATISFIED	10.9
	Missing

	100.0
	(149)

So down nothing could cheer you up in past month

	Percent
ALL THE TIME	6.2
MOST OF TIME	12.7
GOOD BIT OF TIME	10.9
SOME OF TIME	30.0
A LITTLE OF TIME	25.3
NONE OF TIME	14.9

	100.0 (149)

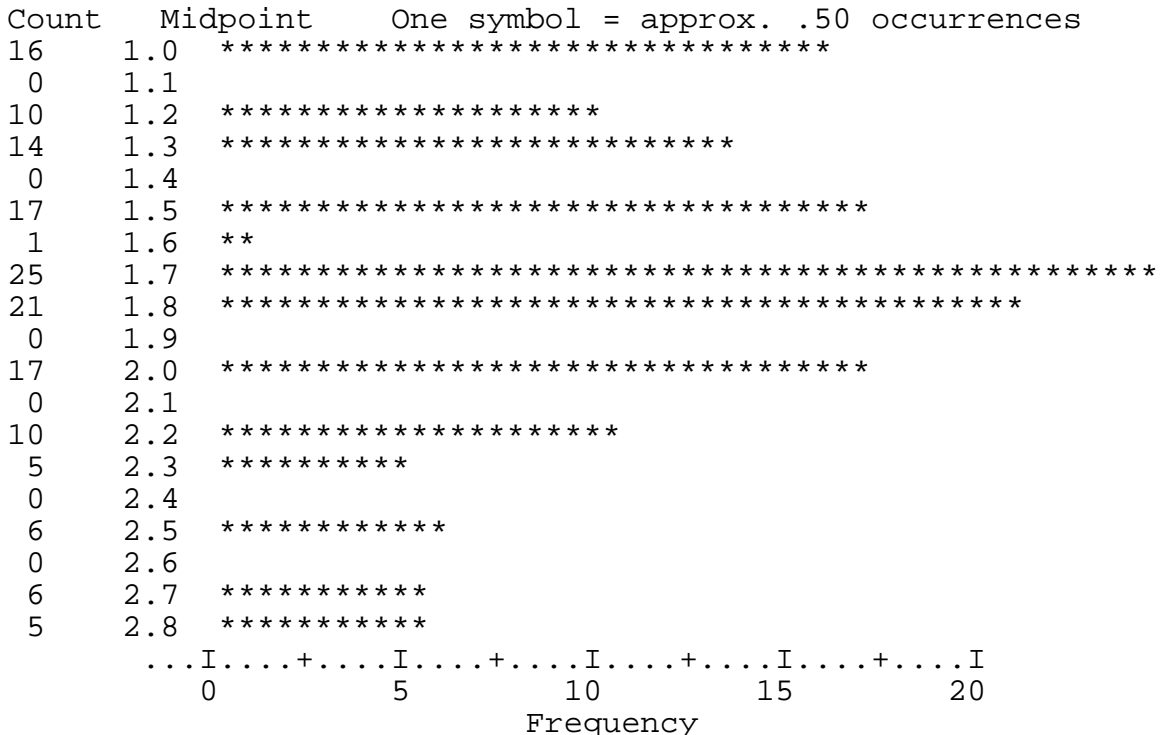
Think of taking your life in the past month?

	Percent
YES, CONSTANTLY	2.0
YES, VERY OFTEN	3.3
YES, FAIRLY OFTEN	.5
YES, A COUPLE OF TIM	5.0
YES, ONCE	2.5
NO, NEVER	86.6

	100.0 (149)

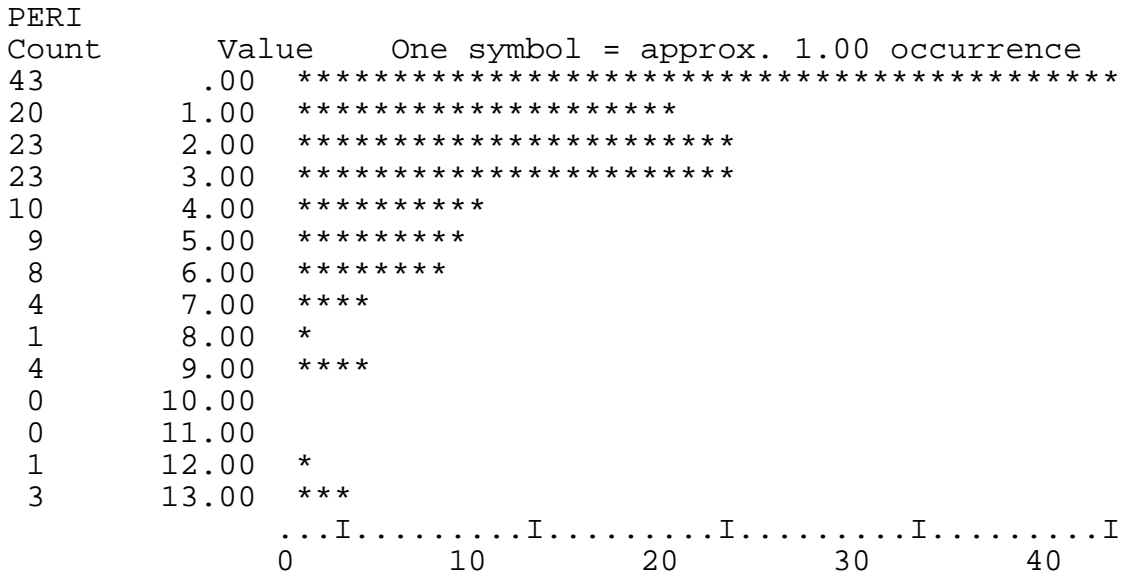
An index of depressed feelings was constructed from six questions selected from the widely used CES-D index. Response choices varied from 1 to 3, with 3 indicating depressed feelings "all of the time," 2 indicating depressed feelings "some of the time," and 1 indicating depressed feelings "never." The median depression score was 1.7, and the cases tended to clump just under the middle section.

CESD



Guests at the Long Island Shelter reported more symptoms of depression than did guests at Woods-Mullen.

The PERI scale of False Beliefs and Perceptions (with yes/no response choices) indicated that relatively few guests harbored false beliefs or perceptions that might indicate psychosis or hallucinations for other reasons. The median number of false beliefs and perceptions was two of a possible thirteen.



Prior hospitalization for psychiatric problems was associated with more symptoms of depression, but a greater chance of having received financial benefits in the past month. Such individuals were also more worried about getting AIDS but knew less about prevention methods.

Prior Psych. Hospitalization

Variable	Yes	No
More depressed	64%	39%
Thought of suicide	25%	10%
Financial benefits	54%	34%
Worry about AIDS	86%	64%
Know AIDS facts	30%	53%

Those who reported more false beliefs and perceptions were also more likely to have had difficulty affording things--58% compared to 38% of those with few false beliefs and perceptions.

TRAUMA AND ABUSE

Traumatic events were remarkably common. Two in every five respondents had been assaulted or robbed in the past year and two-thirds had experienced a life-threatening experience at some time in their lives. Three in every five of these persons experienced nightmares about losing their life at least rarely (half had such nightmares at least sometimes).

PHYSICALLY ASSAULTED OR ROBBED IN PAST YEAR?

	Percent
Assaulted	11%
Robbed	15
Both Assaulted and Robbed	17
No	58
	101%
	(153)

NIGHTMARES ABOUT LOSING LIFE

Freq. of Nightmares Related to Trauma in Past Yr...

	Percent
Frequently	13%
Sometimes	23
Rarely	22
Never	42
	100%
	(112)*

*Question asked of the 67% who reported a life-threatening experience.

Many respondents had first been traumatized as children. One-third had been physically assaulted by an intimate as a child and two in five had run away from home or been in foster care.

CARE AS A CHILD

	Percent
Foster Care	12%
Instit. Care	6
DSS	2
No Such Care	80
	100%
	(155)

CHILDHOOD EXPERIENCE

	Yes
Phys. Assaulted by Pers. Close to you?	31% (153)
Ran Away from Home/Foster Care?	41% (153)

Variable	Any Childhood Trauma	
	Yes	No
False beliefs	69%	43%
Psych. hospitaliztn	32%	13%
Drinking problem	32%	15%
Drug problem	35%	14%
Health problem	53%	34%
Legal problems	32%	15%
Victimized	50%	32%

Childhood trauma was related to a number of more recent problems: more false beliefs and perceptions, a much higher rate of psychiatric hospitalization, more evidence of drinking and drug problems, more physical health problems, more legal problems and more victimization while homeless.

SUBSTANCE ABUSE

Three-quarters of the sample drank at least occasionally, half had been told at some time that they had a drinking problem, and two in five had been treated for a drinking problem. One-third admitted to drinking at least several times a week at the time of the interview.

FREQUENCY OF ALCOHOL CONSUMPTION

	Percent
Daily	20%
Several Times a Week	17
Once a Week	11
2 or 3 Times a Month	13
Less Than Once a Month	13
Never	26
	100% (152)

PROBLEM DRINKING

	Yes
Anyone Ever Said You Drink Too Much?	50%
Ever Been Treated for Drinking Prob?	39%
N=118-119	

Indicators of drinking problems were associated with a variety of other characteristics and orientations. Drinkers were more likely to have had suicidal thoughts and to be depressed. Drinkers reported more difficulty affording things and were less likely to be receiving financial benefits. In addition, drinkers were more likely to have been in the custody of youth services as an adolescent.

Variable	Drinking Problem	
	Yes*	No**
More depressed	60%	40%
DYS involved	31%	12%
Difficult to afford	72%	45%
Financial benefits	18%	46%

*N=33-38

**N=112-6

Street drug use was less common. Half said they did not use any street drugs in the previous year; of those who admitted to some street drug use, half had been treated at some time for a drug problem.

FREQUENCY OF STREET DRUG USE IN PAST YEAR

	Percent
Daily	14%
Several Times a Week	7
Once a Week	7
2 or 3 Times a Month	11
Less Than Once a Month	11
Never	51
	101%
	(151)

DRUG TREATMENT

	Yes
Ever Been Treated for Drug Problem?	46%(88)

The correlates of drug abuse were more limited than were those for alcohol abuse. Those with a drug problem had more legal problems and greater difficulty affording things. Drinking problems were much more common among drug users than among others.

Variable	Drug Problem	
	Yes*	No**
Legal problems	46%	17%
Difficult to afford	67%	47%
Drinking problem	45%	17%

*N=150-153

Overall, substance abuse appeared to be more common at the Woods-Mullen Shelter than at Long Island.

AIDS

AIDS awareness was an area of particular concern in the survey. Shelter users were asked about their worry about getting AIDS, their beliefs about HIV infection, and about their exposure to and reactions to various shelter-based prevention activities. Their responses indicated the importance of this topic to many.

Almost half of the respondents worried "a lot" about getting AIDS, although over one-third worried not at all. One-third of the respondents believed that other shelter residents worry a lot about AIDS. Almost half said they knew someone with AIDS. In response to other questions (not in the table presented here), 43 percent of the respondents reported that they were afraid around people infected with HIV, but only ten percent thought that they'd probably get AIDS. Sixty-four percent wanted to learn more about AIDS.

Responses to another question also revealed the widespread concern about AIDS among shelter users: more than one-third had been tested for HIV infection and another third wanted to be tested.

WORRY ABOUT GETTING AIDS

	A lot	Some- what	None	Tot.
How much do you worry about AIDS?	46%	17	37	100%
Other residents worry about AIDS..	35%	39	26	100%

N=137-150

KNOW ANYONE WITH AIDS?

Yes	43%
Not Sure	9
No	49
	101%
	(150)

AIDS TESTING

Have Been Tested	38%
Like to Get Tested	36
Not Sure	8
Would Not Like Testing	17
	99%
	(151)

About nine in ten of the respondents knew the most basic facts about HIV transmission: it can be transmitted through sex and sharing needles and it can't be transmitted just through proximity or casual contact. However, half believed that giving blood could transmit HIV and between 15 and 25 percent mistakenly identified insects, toilet seats, kissing and food preparation as risk behaviors.

Responses to another series of statements concerning AIDS beliefs and knowledge also reflected almost universal awareness of the most basic facts but much confusion beyond these. At least nine in ten knew that preventive action can reduce the risk of infection, that using a condom helps, that risk increases with the number of sex partners and that AIDS does not only affect gay men. Slightly fewer respondents knew that only a blood test tells if you're infected, that a man can get AIDS from sex with a woman, that people don't die soon after infection and that a condom can still help even after infection.

There was more disagreement about a range of other AIDS beliefs. About two-thirds believed, correctly, that there's no cure for AIDS, that drug users can avoid AIDS and that infected people can still feel healthy.

AIDS KNOWLEDGE

Percent Who Believe the Following Can Give You AIDS....

Being Near Infected People	9%
Hugging an Infected Person	8
Being Bitten by an Insect	25
Having Sex w Infected	90
Sharing Needles w Drug Users	90
Giving Blood	50
Toilet Seat Used by Infected	16
Kissing an Infected Person on Mouth	29
Eating Food Prepared by Infected	20

N=142-146

BELIEFS ABOUT AIDS

Percent Agreeing with the Following Statements About AIDS...

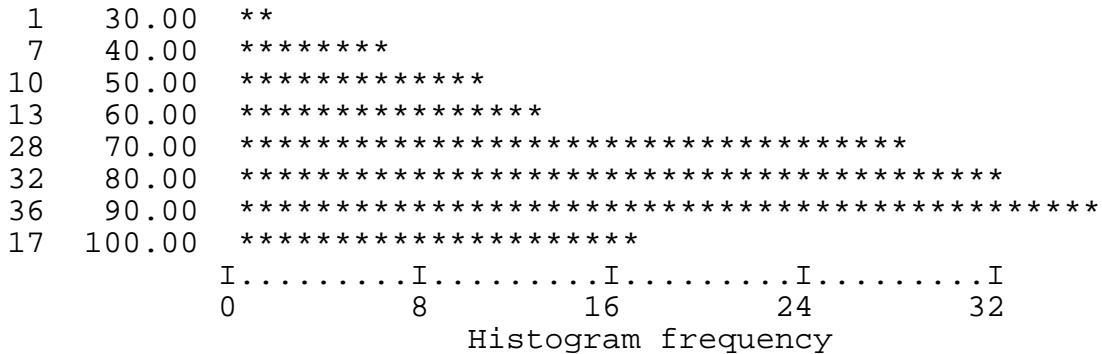
There's No Cure for AIDS	65
Infected People Can Still Feel Healthy	66
AIDS Only Affects Gay Men	7
The More Sex Partners, More Risk of AIDS	92
No Way Drug Users Can Avoid AIDS	29
It Helps a Lot to Use a Condom	90
Only a Blood Test Tells if Infected	84
People Can Do a lot to Avoid Infection	96
Men Can't Get AIDS from Sex w Woman	15
People Die Soon After Infected	29
A Condom Doesn't Help After Infection	78

N=132-142

Overall, the median percent correct on the AIDS knowledge questions was 75. The responses were clumped toward the high end of the distribution, indicating many correct answers to the AID knowledge questions.

KNOWAID

Count Value One symbol = approx. .80 occurrences



Valid cases 143 Missing cases 12

There had been a substantial amount of AIDS prevention activity at the two shelters, but awareness of these activities was by no means universal. About half had read prevention information at the shelter and an equal proportion had noticed condoms available at the shelter. Just one in five had noticed bleach bottles available for drug users and only five percent had received a greeting card with a condom (and a prevention message)--a prevention activity sponsored by an AIDS prevention project that had occurred once at the shelter. Few had attended an AIDS awareness meeting at the shelter, but then few had heard of such meetings being held.

AIDS PREVENTION ACTIVITIES

Have Read Info. at Shelter	50%
Noticed Condoms Available	52
Received Card w Condom	5
Noticed Bleach Bottles	18

N=144-152

Attended AIDS Education meeting?

Attended	18%
Haven't Heard About One	69
Heard, Didn't Go	13
	100%
	(153)

About two-thirds of the respondents were comfortable with participating in the most straightforward prevention activities: picking up or requesting prevention supplies; speaking to a shelter staff member about AIDS; and attending a meeting about AIDS.

COMFORT WITH AIDS PREVENTION ACTIVITIES

Feel Comfortable.....

Taking Condom from Basket	62%
Asking Male Staff for Condom	66
Asking Female Staff for Condom	65
Taking Bleach from Basket	46
Asking Staff Member for Bleach	63
Speak to Staff About AIDS	72
Would Attend AIDS Meeting	79
N=139-151	

How effective were these activities? One in five respondents reported that the shelter's AIDS education efforts had affected their behavior or the behavior of other shelter users. Almost three-quarters believed that shelter staff should do more to educate shelter users about AIDS. And more than two-thirds felt that people with AIDS were treated more poorly by other shelter users.

EVALUATION OF AIDS PREVENTION

	<u>% Agree</u>
People w AIDS are Treated Poorly by Others	69%
Staff Should Do More Educ. Guests re AIDS	73
AIDS Education Affected Own Behavior	21
AIDS Education Affected Others	23
N=145-152	

LEGAL HISTORY

One-quarter of the respondents were currently on probation, parole, pending arraignment or involved in a legal action in some other way. Two-thirds had been in jail or prison at some time in the past and one in five had been under DYS supervision when they were younger.

CURRENT LEGAL STATUS

	Percent
Probation	9%
Parole	7
Pending Arraign.	3
Other	6
None of the Above	76
	101%
	(153)

BEEN IN JAIL/PRISON?

	Percent
Jail	44%
Prison	20
No	36
	100%
	(150)

INVOLVEMENT WITH DYS

	Yes
Involved w DYS When Younger?	18% (152)

WORK AND BENEFITS

About half of the respondents had not had difficulty affording food, clothing or health care in the past year, while a third had experienced such difficulties at least pretty often.

FINANCES OVER PAST YEAR

Difficulty Affording Food, Clothing or Health Care in Past Year

	Percent
Never or Hardly Ever	28%
Once in a While	20
Sometimes	21
Pretty Often	13
Always or Almost Always	17
	99%
	(151)

Three quarters were not working, and two in five of the unemployed were looking for work. Almost all of the respondents had worked in the past and almost half of these had spent at least five years at one job. Almost one-third had earned more than \$10 per hour in at least one previous job; the median maximum hourly wage was \$8.50 (the mean maximum hourly wage was \$10.73).

EMPLOYMENT STATUS

	Percent
Full-Time	15%
Part-Time	11
Day Labor	1
Not Working	73
	100%
	(154)

UNEMPLOYED

	Yes
Looking for Work	43%
Have Worked in Past	93
N=117	

LONGEST PERIOD HELD A JOB

	Percent
5 or More Years	44%
1-4 Years	42
6-11 Months	9
1-5 Months	3
Less than 1 Month	2
	100%
	(144)

HIGHEST WAGE EARNED PER HOUR

	Percent
\$3.00-5.50	13%
\$6.00-8.00	33
\$8.50-10.00	24
\$10.75-13.75	14
\$14.00-20.00	10
\$20.00 +	6
	100%
	(137)

Guests at Woods-Mullen were more likely to be employed than were guests at Long Island.

BENEFITS

Two in five respondents were receiving financial benefits. Social Security Income was the most common benefit, with welfare and general relief a close second. Few persons received any other type of financial benefit. No more than one respondent in ten reported having a representative payee who received the respondent's benefits.

BENEFITS RECEIVED

	Percent
Welfare	19%
Disability	4
Unemployment	2
SSI	39
V.A. Benefits	7
Gen. Relief	15
Food Stamps	7
Grants	2
Illegal	2
Disability plus SSI	4
	99%
	(54)

REPRESENTATIVE PAYEE

	Percent
Yes	9%
No	88
Don't Know	3
	100%
	(146)

SERVICE NEEDS

The importance attached to receiving help varied markedly across the 13 services mentioned. By far the most importance was attached to getting help with finding a place to stay: four in five considered it extremely important. The next most important service needs were help with financial benefits and AIDS education--about three in five respondents considered help in these areas extremely important.

Somewhat less importance was attached to receiving more education, help with physical health problems, job training and help with finding a job. Two in five respondents rated these forms of help as extremely important, although one-quarter rated each of them as not at all important. About one-third rated help with drug problems and with literacy as extremely important, but almost half rated these forms of help as not at all important.

Help with making more friends and with psychological problems were rated as extremely important by only one-quarter and as not at all important by almost one-third. The forms of help that were rated as least important were help with an alcohol problem and help with legal problems: one-quarter rated them as extremely important but almost three in five rated them as not at all important.

IMPORTANCE OF HELP WITH SERVICE NEEDS

	Not At All	Slight.	Mod.	Consid.	Ex- trem.	Tot.
Finding a Place	6%	6	6	4	79	101%
Financial Benefits	12%	6	7	16	58	99%
AIDS Education	13%	10	10	10	56	99%
Education/GED	27%	9	6	12	47	101%
Finding a Job	28%	14	7	7	45	101%
Physical Health	29%	13	8	9	42	101%
Job Training	28%	12	8	13	40	101%
Drug Problems	45%	11	4	5	35	100%
Literacy	45%	7	9	9	30	100%
Psych. Problems	29%	21	11	13	27	101%
Alcohol Problems	58%	9	7	3	23	100%
Legal Problems	57%	5	5	5	28	100%
Making More Friends	30%	14	21	14	21	100%

N=88-154

Getting help with alcohol and drug problems were rated as important by more guests at Woods-Mullen than at Long Island.

CONCLUSIONS

Guests' sociodemographic characteristics varied markedly, but were similar in some respects to those found in earlier studies at Long Island and in research on other homeless populations. In particular, the median age of 35 and the 20 percent who were women replicated findings in many other studies. The proportion who were black or Hispanic, a figure that varies more between cities and regions, had risen markedly from earlier studies at Long Island, from forty to seventy percent, due in part to the opening of the Woods-Mullen Shelter.

Resources available to the shelter guests were, if anything, even more variable. The educational levels of grade school, high school and college were represented in equal proportions, and substantial proportions had low, medium and high levels of social support. Family and shelter staff were important particularly as sources of social support.

About equal proportions reported some and no physical health problems. Symptoms of depression were common, symptoms of distorted perceptions were uncommon; about one in five had been psychiatrically hospitalized, as reported in many other similar studies. Substance abuse was common.

Other areas for concern were the high rate of reported legal problems and criminal victimization, with even higher rates of reported abuse as a child.

Several guest characteristics were associated with a variety of other characteristics and problems: substance abusers, those who had been abused as children, and, for certain problems, younger guests were particularly at risk (older guests, however, were more likely to report physical health problems and criminal victimization). Those who had been hospitalized previously for psychiatric problems were currently more depressed, although they also were more likely to be receiving financial benefits.

AIDS was a major concern. Many worried about getting AIDS and knew someone with AIDS, many had been tested for AIDS and most wanted to learn more about AIDS. Knowledge of basic HIV transmission facts was widespread, but many were concerned needlessly about improbable transmission methods.

In most respects, the Long Island and Woods-Mullen shelters served the same population of homeless persons. However, there were some important differences, most of

which could be explained by differences in the shelters' physical design and their locations--Woods-Mullen is located near the center of Boston, next to Boston City Hospital, while Long Island is on an island in Boston Harbor that can be reached only by car or bus.

Woods-Mullen had a higher rate of participation in the contract bed program for workers; related to this, more of them reported being employed. Woods-Mullen guests were more satisfied with the shelter's location and its physical condition (it had recently been refurbished), while Long Island guests were more satisfied with the shelter's level of privacy (beds were separated in clusters by partitions, while at Woods-Mullen they were arranged dormitory style). Woods-Mullen guests reported more contact with service agencies and somewhat higher levels of social support. Woods-Mullen guests reported more substance abuse but fewer symptoms of depression. Woods-Mullen guests were more likely to be women, as planned by the shelter, and were more likely to be black or Hispanic.

In general, then, the inner city location of Woods-Mullen had both advantages and disadvantages: employment, services and social supports were more readily available, but so were alcohol and drugs.

RECOMMENDATIONS

1. Provide support in the shelter for those who have experienced abuse as children or while homeless. Abuse is very common and is associated with a wide range of other problems.
2. Literacy help is needed by about one in five guests.
3. Providing AIDS education should be a high priority. AIDS has become a very great concern among shelter guests, with the importance of AIDS education ranked second only to help with finding a place to live. Further education also should lessen resistance to prevention activities: Although many were aware of prevention activities at the shelter, about one-third were not comfortable with these activities.
4. Substance abuse counseling continues to be a priority need, and should be emphasized particularly among guests using the Woods-Mullen shelter.
5. Drug abuse should be given as much attention in shelter program planning as alcohol abuse. These interview results identified a much higher level of drug abuse than had been found in case manager intake interviews.
6. The location of Woods-Mullen Shelter seems conducive to employment outside the shelter and to maintaining service

and social connections. Some of these benefits might also be available to Long Island guests if day programs were increased at Woods-Mullen.

7. The shelter can be useful points for restoring some stability to homeless persons and for delivering needed services. Satisfaction with both shelters was high.
8. Efforts to help guests move into regular housing should be given the highest priority. The desire for "a place of my own" was seen as more important than any other service and was even more widespread than satisfaction with the shelters.
9. Legal counselors should be made available on a trial basis at the shelter. Law school interns might play a constructive role. Legal problems in the past and at present were very common, and reflected in part problems of substance abuse and mental illness.
10. Efforts to increase support from guests' natural support systems should be expanded. Family and friends were sources of support to many; with assistance, they might be able to help resolve the homelessness problem.
11. Homelessness prevention programs should be funded and publicized in the high risk neighborhoods: Dorchester, Roxbury, the South End.
12. The design of the Woods-Mullen Shelter should be altered to increase privacy between beds.